

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENTS 1983-2006 SUMMARY

Beginning in 1983, the Kentucky Board of Nursing published Advisory Opinion Statements on various nursing practice issues. This document provides a consolidated summary of those statements issued from 1983 - 2006.

Index of Practice Components

This summary includes information on the following practice components:

Abandonment, patient	Nursing students, employment of
Advanced life support procedures	Orders, medical, implementation of
Arterial puncture, specimen collection	Orthopedics, casts, closed reduction
Assignments, accountability/responsibility	PICC lines
Cancer, Gyn, detection procedures	Prescriptive authority
Cardiac invasive procedures, assistance with	Prehospital emergency care
Confidentiality of patient information	
Delegation to unlicensed persons	Private duty nursing
Delegation to paramedics in ER	Psychiatric nursing
Dialysis	Respiratory/Cardiopulmonary nursing
Endoscopic procedures	School nursing
Gastric tubes	Sedation, IV medication administration
Intrapartum patient care	Sheath removal
Intravenous therapy	Spinal screening
Intraspinal route, medication administration.	Surgery, RN first assistant
LPN practice components	Wound closure, superficial
Medication adm, PRN and placebos	Wound debridement
Medication adm via various routes	

KBN Mission

The primary mission and purpose of the Board is to develop and enforce state laws governing the safe practice of nursing in order to protect the health and welfare of the citizens of the Commonwealth. As a regulatory agency of state government, the Board of Nursing accomplishes an aspect of this mission by issuing advisory opinions on what constitutes the legal scope of nursing practice.

Information

An advisory opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Applicable Statutory Definitions

KRS 314.011(8) defines "advanced registered nursing practice" as:

... The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include, but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to obtain prescriptive authority pursuant to this chapter or any other provision of law in order to deliver anesthesia care. The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts, which are within the permissible scope of practice for a given licensure level, may be performed only by those licensees who personally possess the educational preparation and current clinical competency to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the provider prescribing the act, if applicable, of his/her decision not to perform the act.

If a nurse accepts an assignment that the nurse believes is unsafe or for which the nurse is not educationally prepared, then the nurse also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
 - a) basic prelicensure educational preparation;
 - b) knowledge and skills subsequently acquired through continuing education and practice; and
 - c) current clinical competence.
2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
3. The complexity and frequency of nursing care needed by a given client population.
4. The proximity of clients to personnel.
5. The qualifications and number of staff.
6. The accessible resources.
7. The established policies, procedures, standards of practice, and channels of communication that lend support to the types of nursing services offered.

Educational Preparation and Documentation

Nurses are responsible for having adequate educational preparation and experience to safely perform any act they perform as required by KRS 314.021 (2). Nurses should maintain documented evidence of completion of continuing education and/or other training, and of demonstrated clinical competency in the performance of nursing acts.

Standards of Practice

Nurse's practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence-based.

Issuance of Advisory Opinion Statements and Individual Opinion Letters

When studying practice issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

When multiple inquiries are received on the same practice matter, the Board publishes an advisory opinion statement for wide dissemination. In addition, the Board has addressed many individual practice related inquiries and issued advisory opinion responses/letters to these individual requests. These letters are also available from the agency. Should you have a practice related question that is not addressed in a published advisory opinion statement, please contact the Board office with the questions.

**CONSOLIDATED SUMMARY OF ADVISORY OPINION STATEMENTS
ISSUED FROM 1983-2004**

Alphabetized by Topic

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Abandonment (Patient)	⇒	⇒	⇒	See AOS #24 for the complete statement.
Advanced Life Support Procedures: <ul style="list-style-type: none"> • Cricothyrotomy • Chest tube placement • Defibrillation • Endotracheal intubation • Peripheral IV placement – external jugular vein site • Umbilical arterial catheterization 	Yes	Yes	No	See AOS #5 for the complete statement. ARNP may independently initiate the procedures. RN initiates the procedures using established guidelines. LPN may assist others in performing the procedures.
Arterial Puncture, Specimen Collection	Yes	Yes	No	AOS #6 *
Assignments, Accountability and Responsibility	⇒	⇒	⇒	See AOS #19 for the complete statement.
Cancer Detection, Gyn <ul style="list-style-type: none"> • Bi-Manual exam • Breast exam • Pap smear 	Yes	Yes	No	AOS #2 *. ARNP may independently initiate the procedures. RN initiates according to guidelines, identifies abnormalities and reports/refers to others for treatment and diagnosis. LPN may assist others in performing the procedures.

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Cardiac Procedures (Invasive) Assistance	Yes	Yes	No	See AOS #20 for the complete statement.
Confidentiality				See AOS # 34 for the complete statement.
Delegation to Unlicensed Persons	Yes	Yes	Yes	See 201 KAR 20:400 and AOS #15 for the complete information.
Delegation to Paramedics in ER	Yes	Yes	No	See 201 KAR 20:400 and AOS #33 for the complete information.
Dialysis (Nurse and Technician Roles)	Yes	Yes	Yes	See 201 KAR 20:470 and AOS #21 for the complete information.
Endoscopic Procedures	Yes	Yes	Yes, with limitations	See AOS #28 for the complete statement.
Gastric Tubes Gastrostomy Reinsertion and Nasogastric Tubes Insertion/Removal	Yes	Yes	Yes, with limitations	See AOS #11 for the complete statement.
Intrapartum Patient Care	Yes	Yes	Yes, with limitations	See AOS #10 for the complete statement.
Intravenous Therapy	Yes	Yes	Yes, with limitations	See 201 KAR 20:490 (effective Sept. 15, 2004 and revised Sept. 1, 2006) See AOS #03
Intraspinal Route Administration of Analgesic Medications	Yes	Yes, except in laboring patients.	No	See AOS #4 for the complete statement.
LPN Practice Components	Not applicable	Not applicable	Yes	See AOS #27 for the complete statement and 201 KAR 20:490 for IV therapy practice.
Medication Administration <ul style="list-style-type: none"> • Placebos • “PRN” Medications 	⇒	⇒	⇒	See AOS #17 for the complete statement.

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Medication Administration Via Various Routes	Yes	Yes	Yes, with limitations	See AOS #16 for the complete statement.
Nursing Students, Employment of	Not applicable	Not applicable	Not applicable	See AOS #18 for the complete statement.
Orders (Medical) Implementation	Yes	Yes	Yes	See AOS #14 for the complete statement.
Orthopedics – <ul style="list-style-type: none"> • Cast Application • Closed Reduction 	Yes Yes	Yes, with limitation No	No, but may remove, spread or split cast No	See AOS #23 for a complete statement.
PICC Line Insertion and management	Yes	Yes	No on insertion; Yes, with limitations— See 201 KAR 20:490.	See AOS #25 for the complete statement.
Prescriptive Authority	Yes; See KRS Chapter 314	No	No	AOS #12 *
Prehospital Emergency Care	Yes	Yes	No	See AOS #26 for the complete statement.
“Private Duty” Nursing	Yes	Yes	Yes	See AOS #22 for the complete statement.
Psychiatric Nursing Practice- <ul style="list-style-type: none"> • Counseling • Psychotherapy 	Yes	Yes, if Master’s prepared, other RNs may assist in psychotherapy, and perform counseling	See AOS # 27 Components of LPN practice	See AOS #13 for the complete statement.

PRACTICE COMPONENT	WITHIN ARNP SCOPE?	WITHIN RN SCOPE?	WITHIN LPN SCOPE?	AOS # REFERENCE and COMMENTS
Respiratory Nursing Practice (Cardiopulmonary)	Yes	Yes	Yes, with limitations	See AOS #29 for the complete statement.
Sedation, Administration of IV Medications	Yes	Yes, for sedation and analgesia but not for anesthesia	No, prohibited by 201 KAR 20:490	See AOS #32 for the complete statement.
School Nursing Practice	Yes	Yes	Yes, with limitations	See AOS #30 for the complete statement.
Sheath Removal	Yes	Yes	No	See AOS #31 for the complete statement.
Spinal Screening	Yes	Yes	Yes	AOS #1 *
Surgery, RN First Assistant	Yes	Yes	No	See AOS #8 for the complete statement.
Wound Closure (Superficial) <ul style="list-style-type: none"> • Stapling and Suturing • Topical adhesives • Removal of Staples and Sutures 	Yes Yes Yes	Yes, with exception. Yes Yes	No Yes Yes	AOS #7 * RN does not suture muscle, nerve or tendon, except as an OR First Assistant.
Wound Debridement	Yes	Yes	No	Includes surgical and/or mechanical removal of nonviable tissue. See AOS #9 for the complete statement.

* This AOS has been removed from current publication and archived as the practice has been incorporated into the common practice of nursing. The practice information has been consolidated into this summary grid.

Attached is a list of the current Advisory Opinion Statements. A copy of the statements may be purchased from the Board office or downloaded from the KBN website at <http://kbn.ky.gov>

Determining Scope of Practice

In addition to these advisory opinion statements, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines are available on the KBN website at <http://kbn.ky.gov> or may be ordered from the Board office.

Approved: 2/05

Revision: 9/06; 5/07

KENTUCKY BOARD OF NURSING ADVISORY OPINION STATEMENTS-- INDEX

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- 02 ROLE OF THE ARNP, RN, and LPN IN GYNECOLOGICAL CANCER DETECTION *(Initially Approved 1983, Withdrawn from Publication 2/05)*
- 03 ROLES OF NURSES IN INTRAVENOUS THERAPY PRACTICE *(Editorial revision 6/05)* NOTE ALSO SEE: 201 KAR 20:490 LPN intravenous therapy scope of practice. Effective September 15, 2004
- 04 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATION PER INTRASPINAL ROUTES *(Initially Approved 1984, Revised 2/05)*
- 05 THE PERFORMANCE OF ADVANCED LIFE SUPPORT PROCEDURES BY NURSES *(Initially Approved 1984, Revised 2/05)*
- 06 THE PERFORMANCE OF ARTERIAL PUNCTURE BY REGISTERED NURSES *(Initially Approved 1984, Withdrawn from Publication 2/05)*
- 07 ROLES OF NURSES IN SUPERFICIAL WOUND CLOSURE *(Initially Approved 1984, Withdrawn from Publication 2/05)*
- 08 ROLE OF THE REGISTERED NURSE FIRST ASSISTANT *(Initially Approved 1984, Revised 4/07)*
- 09 THE PERFORMANCE OF WOUND DEBRIDEMENT BY NURSES *(Initially Approved 1985, Revised 2/05)*
- 10 ROLES OF NURSES IN THE CARE OF INTRAPARTUM PATIENTS *(Initially Approved 1985, Revised 4/07)*
- 11 ROLES OF NURSES IN THE INSERTION AND REMOVAL OF A NASOGASTRIC TUBE AND IN THE REINSERTION OF A GASTROSTOMY TUBE *(Initially Approved 1985, Revised 2/05)*
- 13 ROLES OF NURSES IN PSYCHIATRIC- MENTAL HEALTH NURSING PRACTICE *(Initially Approved 1985, Revised 2/05)*
- 14 ROLES OF NURSES IN THE IMPLEMENTATION OF PATIENT CARE ORDERS *(Initially Approved 1987, Revised 2/05)*
- 15 ROLES OF NURSES IN THE SUPERVISION AND DELEGATION OF NURSING ACTS TO UNLICENSED PERSONNEL *(Initially Approved 1987, Revised 2/05)*
- 16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATION VIA VARIOUS ROUTES *(Initially Approved 1987, Revised 6/05)*
- 17 ROLES OF NURSES IN THE ADMINISTRATION OF "PRN" MEDICATION AND PLACEBOS *(Initially Approved 1987, Revised 2/05)*
- 18 EMPLOYMENT OF NURSING STUDENTS AS NURSING PERSONNEL USING EITHER AN ACADEMIC OR A "NURSE EXTERN" SERVICE MODEL *(Initially Approved 1987, Revised 2/05)*
- 19 RESPONSIBILITY AND ACCOUNTABILITY OF NURSES FOR PATIENT CARE ASSIGNMENTS AND NURSING CARE DELIVERY *(Initially Approved 1988, Revised 2/05)*
- 20 ROLES OF REGISTERED NURSES IN INVASIVE CARDIAC PROCEDURES *(Initially Approved 1989, Revised 2/05)*
- 21 ROLES OF NURSES AND TECHNICIANS IN DIALYSIS *(Initially Approved 1990, Revised 2/05)*

- 22 ROLES OF NURSES WHO PROVIDE "PRIVATE DUTY" NURSING *(Initially Approved 1990, Revised 2/05)*
- 23 THE APPLICATION AND REMOVAL OF A CAST BY NURSES AND CLOSED REDUCTION OF A FRACTURE BY ARNP *(Initially Approved 1990, Revised 2/05)*
- 24 ADVISORY OPINION STATEMENT ON PATIENT ABANDONMENT BY NURSES *(Initially Approved 1990, Revised 2/05)*
- 25 PERIPHERAL INSERTION OF CENTRAL AND MIDLINE INTRAVENOUS CATHETERS BY NURSES *(Initially Approved 1991, Revised 2/05)*
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- 27 COMPONENTS OF LICENSED PRACTICAL NURSING PRACTICE *(Initially Approved 1992, Revised 2/05)*
- 28 ROLES OF NURSES AND UNLICENSED NURSING PERSONNEL IN ENDOSCOPIC PROCEDURES *(Initially Approved 1992, Revised 2/05)*
- 29 CARDIOPULMONARY/RESPIRATORY NURSING PRACTICE *(Initially Approved 1993, Revised 2/05)*
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- 31 REMOVAL OF FEMORAL ACCESS DEVICES (SHEATHS) AND USE OF MECHANICAL COMPRESSION DEVICES BY NURSES *(Initially Approved 1994, Revised 2/05)*
- 32 INTRAVENOUS ADMINISTRATION OF MEDICATIONS FOR SEDATION BY NURSES *(Initially Approved 1995, Revised 2/05)*
- 33 ROLES OF NURSES IN THE DELEGATION OF TASKS TO PARAMEDICS IN A HOSPITAL EMERGENCY DEPARTMENT *(Initially Approved 2003, Revised 2/05)*
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Revised 04/2007 cls